

Express Mail Label No. **726 593597 45**

PATENT

Attorney Docket No.: 56232.00010

2



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Examiner: Unknown

Kunio Shimizu et al.

Serial No: 10/004,385

Art Unit: 1734

Filed: November 1, 2001

For: Protective Film Of A Polarizing Plate

BOX DAC
Commissioner for Patents
Washington, D.C. 20231

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PETITION TO CORRECT INCORRECTLY ENTERED

Adjustment date: 04/23/2002 AKELLEY
03/12/2002 GTEFFERA 00000067 071850 10004385 **DATE-IN UNDER 37 CFR 1.10(d)**
01 FC:122 130.00 CR

Dear Sir/Madam:

Attached is a copy of the filing receipt issued by the PTO for the above-identified application. The filing receipt shows that the PTO has accorded an incorrect filing date for the application. Pursuant to 37 C.F.R. § 1.10(d), Applicants request the Commissioner to accord the subject patent application a filing date as of November 1, 2001. In addition, issuance of a second corrected filing receipt is respectfully requested.

First, upon my personal knowledge, our office did not receive from the United States Postal Service ("USPS") the customer copy of Express Mail Label No. EL852371030US. A photocopy of the Express Mail Label No. EL852371030US as filed on November 1, 2001 is enclosed herein as Exhibit A.

This petition has been filed promptly after the undersigned became aware that the PTO accorded a filing date other than the USPS deposit date.

The number of the "Express Mail" mailing label was placed on each piece of correspondence prior to the original mailing. The Transmittal Letter as filed showing the Express Mail Label No. EL852371030US is enclosed as Exhibit B. The first page of the

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application as filed showing the Express Mail Label No. EL852371030US is enclosed as Exhibit C.

Also enclosed herein as Exhibit D is a copy of our office's mail log of new and unknown matters showing on the eighth entry that the new application was deposited as "Express Mail" prior to the last scheduled pickup on November 1, 2001. In table format, including column headings, the eighth entry reads:

Date Sent Out	Name Of Sender or who it is addressed to.	Client/Matter# GL# or PERSONAL#	Total Number of Pieces	Total Amount
11/1	56232 CK	56232—New A.	1	16.25

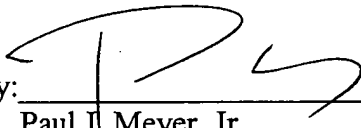
As supporting documentation, also enclosed are the declarations of Mr. Cameron Kerrigan, the attorney of record for the above-mentioned case, and Mr. Jason Jacobson, the mail room staff-person who personally deposited the new application on November 1, 2001.

You are hereby authorized to charge payment of the requisite petition fees under 37 CFR § 1.17(h), or charge any additional fee required under 37 C.F.R. § 1.17, or credit any overpayment of same, to Deposit Account No. 07-1850.

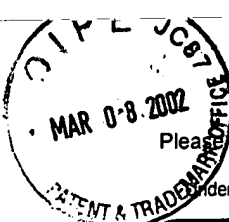
Date: March 8, 2002

Respectfully submitted,

Squire, Sanders & Dempsey L.L.P.
One Maritime Plaza, Suite 300
San Francisco, CA 94111-3492
Telephone (415) 954-0345
Facsimile (415) 393-9887

By: 
Paul J. Meyer, Jr.
Attorney for Applicants
Reg. No. 47,791

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03-11-02

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Express Mail Number EL852371030US

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box ☒

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/004,385	
	Filing Date	November 1, 2001	
	First Named Inventor	Kunio Shimizu	
	Group Art Unit	1734	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	14	Attorney Docket Number	56232.10

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Petition <input checked="" type="checkbox"/> Petition to Correct Incorrectly Entered Date-In <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1"><tr><td>Remarks</td><td>Copy of Filing Receipt Mailed 1/15/02 Copy of Express Mail Label No. EL852371030US (Exhibit A) Copy of Transmittal Letter (Exhibit B) Copy of First Page of Application (Exhibit C) Copy of Express Mail Log (Exhibit D) Declaration of Cameron Kerrigan in Support of Petition to Correct Incorrectly Entered Date-In Declaration of Jason Jacobson in Support of Petition to Correct Incorrectly Entered Date-In</td></tr></table>			Remarks	Copy of Filing Receipt Mailed 1/15/02 Copy of Express Mail Label No. EL852371030US (Exhibit A) Copy of Transmittal Letter (Exhibit B) Copy of First Page of Application (Exhibit C) Copy of Express Mail Log (Exhibit D) Declaration of Cameron Kerrigan in Support of Petition to Correct Incorrectly Entered Date-In Declaration of Jason Jacobson in Support of Petition to Correct Incorrectly Entered Date-In
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey, L.L.P. Paul J. Meyer, Jr.
Signature	
Date	March 8, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>March 8, 2002</u>			
Typed or printed name	Paul J. Meyer, Reg. No. 47,791		
Signature		Date	March 8, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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1 Date of Request: <u>4/22/02</u>		2 Serial/Patent # <u>10/004,385</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
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	Amendment			\$							
	Extension of Time			\$							
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X	Petition	2	3-8-02	\$ 130							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
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			7 TOTAL AMOUNT OF REFUND								
			\$ 130								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	X	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>0</td><td>7</td><td>--</td><td>1</td><td>8</td><td>5</td><td>0</td> </tr> </table>		0	7	--	1	8	5	0
0	7	--	1	8	5	0					
X	No Fee Due (Explanation):										
<u>Patent under 37CFR 1.10 is fee</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Steven Brantley</u>			TITLE: <u>Patent Attorney</u>								
SIGNATURE: <u>[Signature]</u>			PHONE: <u>306-5683</u>								
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**INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
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Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.
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3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other _____" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [PAPER NUMBER refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
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8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the **FEE ACCOUNTABILITY STAMP** with the amount of the refund circled.
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME, TITLE, PHONE NUMBER, OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

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	PINK:	<i>Retain for originating office.</i>

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